

Copy _____ Date _____
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**CITY OF EUGENE
REQUEST FOR REVIEW OF PARKING TICKET**

**Central Services
Municipal Court**
City of Eugene
1102 Lincoln Street
Eugene, OR 97401
(541) 682-5294
(541) 682-5537 Fax

Date _____ Total Bail Paid _____

Ticket #(s) _____ Vehicle License _____
_____ State _____

Please print clearly:

Name of Registered Owner/Driver

Street Address

Telephone No. (Day time)

City

State

Zip Code

I received a ticket for a parking violation from the City of Eugene as described above.
I understand I have a right to a trial regarding this matter but I desire to waive that right.
I would like the court to review my written request that my ticket be reduced or dismissed.
I will accept the court's decision.

I understand if I wish to be notified of the Court's ruling a self-addressed, stamped
envelope must be attached to my written explanation.

Registered Owner/Driver

Explanation:

If additional space is needed, please continue on the back of this form.

FOR COURT USE ONLY

Court Decision: The above request has been:

☐ Granted/Ticket dismissed.

☐ Granted/Penalty waived

☐ Denied

☐ Granted/Ticket reduced

to: _____

Authorized Signature

Date

For Parking Services use only _____

\$ Reduction/refund _____